

**DECLARATION FOR UTILITY PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Probiotic Therapy of Neonatal Meningitis and Method of Using E. coli Virulence Determinants

the specification of which is attached hereto unless the following box is checked:

☒ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed	Certified Copy Attached
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claimed the benefit under 35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (Day/Month/Year)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.
_____	_____	
_____	_____	
_____	_____	

I hereby appoint the following attorney(s) and/or agent(s), with full powers of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**Raymond Yat Chan, Reg. No. 37,484**


Address all correspondence to: **108 North Ynez Avenue, Suite 128, Monterey Park, CA 91754, U.S.A.**

Telephone Calls to: **(626) 571-9812**

Facsimile Calls to: **(626) 571-9813**

I hereby declare that all Statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Sheng-He Huang

Inventor's signature 

Date 2-4-04

Residence 6824 N. Brentmead Ave., Arcadia, CA 91007

Citizenship U.S.A.

Mailing Address Same as above

Full name of second joint inventor, if any (given name, family name) \_\_\_\_\_

Second Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Mailing Address \_\_\_\_\_

☐ Additional inventors are being named on separately numbered sheets attached hereto.